L. K.	CLAIMS A	S FILED .	PART	ı		SMA	LLE	NTITY	·	OTHER	THAN
TOTAL CLAIMS		> (Column	1)	(Cof	umn 2)	TYP			OR	BMALL	
P. 4.4	<u> </u>			ې بې		R/	TE	FEE]	RATE	FE
FOR		FILED	NUM	BER EXTRA	BAS	C FEI		OR	BASIC FEE	860	
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